Testimony of Kevin Martone, Assistant Commissioner
Department of Human Services, Division of Mental Health Services
Assembly Human Services Committee
A-2308 Smoking Cessation
March 6, 2008

Good afternoon, Chairwoman Oliver and members of the Committee.

Thank you for the opportunity to discuss the Division of Mental Health Services support for A-2308.

In addition to managing New Jersey's community-based mental health system, the Division operates 5 psychiatric hospitals whose mission is to provide for the psychiatric and physical well-being of people with serious mental illness. This bill is consistent with our reform activities.

Smoking kills. Gone are the days when "Just let them smoke" is an acceptable response. On average, people with mental illness die 25 years sooner than you and I; 25 years! Considering that 75% are addicted to nicotine, smoking is known as a large driver of premature death in this population. Given what we know, we as a State should not contribute to this process while patients are under our care.

As a Board member of the National Association of State Mental Health Program Directors (known as NASMHPD), I also bring some national perspective on this topic. In October 2006, NASMHPD issued a position paper and technical report on smoking in state operated psychiatric facilities. The report states, "Science as well as experiences in mental health facilities have also shown that tobacco smoking leads to negative outcomes for mental health treatment, the treatment milieu, overall wellness and, ultimately, recovery."

The report revealed the positive effects for patients and employees of going tobacco-free and identified national trends. In fact, nearly 45% of state psychiatric hospitals across the country are now smoke free on their campuses for patients and employees. This trend is increasing; in addition to states that have already implemented this, at least nine other states right now plan to have tobacco-free campuses this year. Delaware State Hospital just went tobacco-free in November. Many local New Jersey hospitals have gone smoke free on their campuses as well, most of which have inpatient

psychiatric units. Seventeen inpatient units throughout the state, all of which send patients to the state hospitals, are smoke-free.

Smoking is an addiction and addiction is NOT a choice. We must consciously separate our beliefs that smoking is more socially acceptable than other drugs from the fact that nicotine addiction is more lethal than many other drugs that we currently prohibit.

While the Division currently faces significant challenges in one of its state facilities, the New Jersey state hospital system as a whole continues to move aggressively forward to raise the standard of its treatment so that it is consistent with best practices.

An overwhelmingly large number of patients in our state hospitals have an additional diagnosis of a treatable substance abuse disorder, ranging from heroin to alcohol to nicotine. It is incumbent upon us, as a provider of healthcare, to simultaneously treat the illness, no matter if it's schizophrenia, nicotine dependence or high blood pressure. To not do so is negligent. Typically, a patient is only admitted to a state hospital after a stay at a local inpatient psychiatric unit. Ironically, there, they have already been prevented from smoking. However, upon admission to the state hospital, access to cigarettes is granted and we have thereby facilitated a quick return to their addiction.

Smoking in state hospitals is a risk management issue. The belief has been that cigarettes are used by staff coercively to keep patients calm, and this inability to use cigarettes as a reward will serve only to increase incidents. The research shows otherwise. State hospitals across the country have demonstrated that smoking bans on campus result in decreased patient to patient and patient to staff assaults, decreased use of seclusion and restraints and increased therapeutic interactions.

Currently, many patients become anxious throughout the day waiting for their cigarette breaks. Further, heavy smokers admitted directly from emergency rooms actually go through greater withdrawal upon admission when they are immediately reduced to roughly 5 cigarettes per day. The resulting withdrawal symptoms are often antecedents to incidents. Whereas, complete abstinence supplemented by nicotine replacement therapy results in supervised withdrawal, which is more humane.

Last year, a patient assaulted a medically fragile patient for a cigarette. That patient later died due to medical complications. In January, a patient ignited

a fire in his room. Luckily, the staff responded appropriately and there were no injuries.

Smoking is not a Right. Multiple court decisions both nationally and in New Jersey have affirmed that smoking is not a fundamental right. The patient rights argument should also consider non-smokers exposed to secondhand smoke. In fact, a patient filed a lawsuit against the State last year for permitting smoking at one of our hospitals.

Lastly, psychiatric hospitals are not homes. They are treatment facilities intended to discharge patients back into the community as they no longer meet commitment standards.

Smoking in state hospitals costs the taxpayer. Patients who smoke often need higher doses of medication to maintain the appropriate balance of medication in their system. Psychiatric medication is very expensive, and as a result, the state bears the cost of increased medication, as well as for medications and other services needed to treat patients' smoking-related health problems. Research shows that employees who smoke use more sick time which directly impacts overtime costs. Working to improve the wellness of staff may result in a secondary gain of improved attendance and reductions in overtime.

Smoking is expensive. Many consumers experience extreme poverty. The monthly SSI reimbursement is $637. A pack of cigarettes costs $6.51. A pack a day costs roughly $195 month, or 30% of monthly income. Many smoke more. Granted, many consumers will return to smoking when they return to the community, but we can provide them with the opportunity to quit while under our care.

Employees: The Division has spoken with each of the unions that work in the state hospitals. All agree that there is no doubt concerning the health benefits to employees and patients. Each union expressed concerns about the transition period and what type of disciplinary action an employee would face if they violated the no smoking policy.

We want as much buy-in as possible. Yes, it will be an adjustment. However, this is being done successfully all over the country in state hospitals and right here in New Jersey.

We know that most employees do not smoke. On average, 30% of employees in psychiatric facilities smoke; meaning 70% do not (NASMHPD).

Many who do smoke want to quit and we intend to assist them in that process. Nonsmoking staff will avoid exposure to secondhand smoking in a smoke free campus. Going forward, all new employees will be hired with the understanding that the hospital is a smoke free campus.

What have we done? New Jersey's state hospitals have been preparing to go smoke free on campus for over a year now, utilizing best practice guidelines and consultation from nationally recognized experts.

Important to note is that the Division itself developed and funded, in partnership with UBHC, a manual considered a best practice tool nationally to smoking cessation. Both the manual, as well as a consumer-operated support program are currently being used in our state hospitals and are referenced in a national best-practices toolkit, *Tobacco Free Living in Psychiatric Settings*.

Greystone has been planning for over a year to open its new facility smoke free. Among its activities, the hospital has been prescribing smoking cessation treatments; running Healthy Living Groups; has conducted patient and staff surveys; already successfully created smoke free units; posted educational information throughout hospital; provided information for family members; distributed educational materials; conducted and implemented a training curriculum for staff; and developed a newsletter.

Physicians have received training in the use of nicotine replacement therapy and tobacco cessation treatment. No patient will be exposed to sudden withdrawal.

Janet Monroe, the CEO of the hospital, is here to answer any questions about the hospital's activities and readiness. Patients are expected to move into Greystone in early April. The remaining hospitals would phase this in over the course of the year, based upon readiness, and consistent with this bill.

In closing, A-2308 is consistent with our overall efforts to facilitate the wellness and recovery of people with mental illness while under our care. Thank you.